



DIVISION OF DEVELOPMENTAL DISABILITIES
Olympia, Washington

TITLE:	REFERRAL AND PLACEMENT INTO COMMUNITY RESIDENTIAL SERVICES	POLICY 4.02
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Authority: 42 CFR 483.440 (b)
Chapter 71A RCW Developmental Disabilities
Chapter 388-825 WAC DD Services

For Adult Family Homes and Adult Residential Care facilities:

Chapter 70.129 RCW Long Term Care Resident Rights
Chapter 388-76 WAC Adult Family Home Minimum Licensing
Requirements

PURPOSE

This policy provides the opportunity for persons who are eligible for services from the Division of Developmental Disabilities (DDD) to live in a manner that meets their needs and preferences, and ensures that the service provider is aware of the individual's needs prior to admission.

SCOPE

This policy applies to the referral and placement of persons into DDD funded community residential services, State Operated Living Alternatives (SOLA), Adult Family Homes (AFH), and Adult Residential Care (ARC) facilities. Individual provider and in-home attendant and/or personal care services are outside the scope of this policy.

POLICY

- A. When referring or placing a person into residential services, DDD will ensure that:
1. The individual and the service provider are provided the necessary information and opportunities to make an informed decision; and
 2. The program has the necessary licensure, contract, or certification, and is within its contracted capacity.

- B. DDD will make referral for a vacancy within 30 days based on the vacancy profile information received from the service provider. The service provider may use the *Residential Services Vacancy Profile* sample form included in Attachment A of this policy.

PROCEDURES

- A. When referring people to residential service providers, the DDD Case Resource Manager (CRM) must obtain a [DSHS 14-012, *Consent*](#) form signed by the individual and/or the legal representative within the last ninety (90) days. The CRM must also consider the:

1. Personal preference of the individual being referred;
2. Personal preference of potential roommate(s);
3. Ability of the service provider to meet the person's health, safety, and program needs; and
4. Needs of all persons in the residence, including safety and protection needs.

See Attachment B of this policy for a sample *Client Preference Sheet*.

- B. Referral packets must include all required forms and known information. This includes:

1. [DSHS 10-232, *Provider Placement Letter*](#), listing the information included in the packet. The service provider will send a copy of the signed form to DDD for the person's file. The CRM must place the form signed by the service provider in the person's file.
2. Financial information, such as:
 - a. Verification of SSI/SSA status;
 - b. Eligibility for financial assistance, (e.g., food stamps, Medicaid);
 - c. Earned and unearned income and resources;
 - d. Payee information; and
 - e. Client receiving SSP funds.

3. Legal information, such as:
 - a. Legal representative/guardianship information and documentation;
 - b. Marital status, children, family members, and names and addresses of all significant people in the person's life;
 - c. Copies of court orders or legal action involving the person;
 - d. Names of perpetrator or victims of crime (if known). The person's expressed consent must be obtained before sharing this information; and
 - e. Allen/Marr class member.
4. The current assessment and service plan identified per [DDD Policy 3.01, Service Plans](#).
5. Health information, such as:
 - a. Medical history, immunization records, and medications. Note: Per RCW 70.24.105, an individual's Hepatitis B Virus (HBV) and HIV status are confidential and cannot be shared.
 - b. Dates, sources, and copies of the most recent available psychological and/or mental health evaluations, including any behavioral and psychiatric information and plans.
6. Nurse delegation assessments when applicable. These must be provided no later than the day of placement to the program. The contracted registered nurse (RN) must use [DSHS Form 10-217, Nurse Delegation: Nursing Assistant Credentials and Training](#);
7. Educational and vocational records;
8. Current information regarding other program services and agencies serving the person; and
9. The completed *Client Preference Sheet*.

- a. Attach any client information immediately available; and
 - b. Include the [DSHS 10-232, Provider Placement Letter](#) to document the information given and received.
3. Document conversations with the residential service provider in the client episode record; and
 4. Provide complete written information within five (5) working days of the placement (i.e., social, medical, and criminal history, and an updated service plan).
- F. Individuals with challenging support issues have a history of offenses and/or behaviors that may be of concern. Such persons must be identified on [DSHS Form 10-234, Individual with Challenging Support Issues](#), and are subject to the following additional procedures when being referred for placement. The CRM will:
1. Provide a copy of the [Individual with Challenging Support Issues](#) form to the residential service provider;
 2. Describe in writing the level of supervision and support needed by the person;
 3. Identify in writing any significant risks to others posed by the person, and what supports are necessary to manage these risks. This must include the person's issues regarding access to vulnerable people (e.g., housemates, children, neighbors, schools, childcare centers, etc.);
 4. Provide the names and phone numbers of people to call if the person's behavior becomes dangerous beyond the residential service provider's ability to ensure the safety of the person or others;
 5. Obtain the residential service provider's signature on the service plan and/or contract. The service provider signature is confirmation the service provider agrees that the supervision and supports outlined in the service plan can be provided within the DSHS/DDD reimbursement rate; and
 6. Implement the procedures outlined in Sections E and G of this policy for crisis and emergency placements.

Note: For persons with community protection issues, the CRM must complete [DSHS Form 10-258, Individual with Community Protection Issues](#), and give a copy

of the form and the psychosexual/risk assessment to the residential service provider.

- G. Crisis/Respite Mental Health Diversion services provided by DDD certified residential service providers are available as deemed appropriate by DDD. These services are available to persons who are being diverted from psychiatric hospitalization through the provision of this service. The following items are specific to the placement of these individuals:
1. DDD Field Services offices contracting with residential service providers for crisis/respite mental health diversion services must have in place written procedures and interagency agreements between DDD, the Regional Support Network (RSN), and, if appropriate, Aging and Disability Services Administration (ADSA).
 2. The interagency agreements must address the following:
 - a. Release of information by local mental health authorities;
 - b. Clear procedures on whom to contact when a person's behavior becomes dangerous beyond the service provider's capacity to ensure the safety of the person or others; and
 - c. A schedule for regular meetings between DDD, the RSN, and the contractor to revise and update common understandings and procedures regarding:
 1. Placement of persons into crisis and diversionary care;
 2. Mental health supports needed while in crisis care; and
 3. Plans to return home or to an alternative placement.

EXCEPTIONS

Any exceptions to this policy must have the prior written approval of the division director.

SUPERSESSION

DDD Policy 4.02

RESIDENTIAL SERVICES VACANCY PROFILE

Agency name and address: _____

Agency contact person: _____ Phone number: _____

Date vacancy is available: _____

Program type (check one):

Supported Living ☐ Group Home ☐ IMR-E ☐ Other ☐

For Supported Living, indicate the number of staff hours per day that support is available:

Address where vacancy is available or the geographical area where services can be provided:

Briefly describe the residence that is available: _____

Residence is wheelchair accessible: Yes ☐ No ☐ Interior ☐ Exterior ☐

Maximum occupancy of this residence is: _____

Present occupancy of this residence is: _____

Name, age and gender of current tenants: _____

Desired referrals: Male ☐ Female ☐ Either Gender ☐

Desired referrals: Smokers ☐ Non-smokers ☐ Either ☐

Individuals referred will have a: Private Bedroom ☐ Shared Bedroom. ☐

Describe the preferred skill level of desirable referrals: _____

Describe the level of assistance available to referred individuals, including any professional or specialized services that are also available: _____

Other characteristics of desired referrals: _____

A current staffing schedule is also attached: Yes ☐ No ☐

Additional comments, if any: _____

CLIENT PREFERENCE SHEET

Client Name: _____ Date: _____

Client Preferences _____ Negotiable? _____ Non-Negotiable? _____

Location: [] []
[] Region []
[] City []
[] North [] Central
[] East [] South
[] Out of Region

Housing Type: [] []
[] Apartment [] House

Program Focus: [] []
[] Self Directed
[] Shared Responsibilities [] Non Shared Responsibilities
[] Traditional
[] Family Directed

Program Type: [] []
[] SL (Supported Living)
[] GH (Group Home)
[] CH (Companion Home)
[] AL (Alternative Living)

Accessibility Issues:

Housemate Preferences:

Gender
[] Male [] Female

Smoking
[] Non Smoker [] Smoking

Bedroom
[] Private [] Shared

Level of Assistance Expected:

[]

[]

With daily living skills:

With behavioral supports:

With activities:

Specialized services needed (nursing, etc.)

Why is this situation not working out?

What do you value most with respect to the services you are receiving now?

What needs to be different that didn't happen?

What one thing is the most important to you in selecting a new provider?
